DIRECTORY OF LICENSED WISCONSIN NURSING HOMES - BY COUNTY

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services Friday, November 18, 2005 **KEY TO DESCRIPTIONS:**

Title 18 = Title XVIII, Medicare Certification
Title 19 = Title XIX, Medicaid Certification

IMD = Institute for Mental Diseases SNF = Skilled Nursing Facility NF = Nursing Facility

Bureau of Quality Assurance PO Box 2969 Madison, WI 53701-2969

STATE OF WISCONSIN

County: Grant

| PROVIDER/ADDRESS | Contact and Phones | DHFS REGION | License Number, Level and Beds | Ownership and Certification Types, Provider Number |
|--|---------------------------------|-------------|-----------------------------------|---|
| MEMORIAL NURSING HOME | (608) 375-4112 | | Lic. 2123 | VOLUNTARY NONPROFIT CORP |
| 205 PARKER ST | FAX: (608) 375-5463 | SOUTHERN | SKILLED CARE | |
| BOSCOBEL, WI 53805 | Administrator: GARY BEZUCHA | | 67 Beds | 525373 Title 18 SNF Title 19 NF |
| SOUTHWEST HEALTH CENTER NURSING HOME | (608) 744-2161 | | Lic. 2648 | PRIVATE NON-PROFIT |
| 808 S WASHINGTON ST | FAX: (608) 744-2963 | SOUTHERN | SKILLED CARE | |
| CUBA CITY, WI 53807 | Administrator: PATRICIA MOXNESS | 8 | 84 Beds | 525395 Title 18 SNF Title 19 NF |
| FENNIMORE COMMUNITY GOOD SAMARITAN CENT | ER (608) 822-6100 | | Lic. 2062 | VOLUNTARY NONPROFIT CORP |
| 1850 11TH ST | FAX: (608) 822-3011 | SOUTHERN | SKILLED CARE | |
| FENNIMORE, WI 53809 | Administrator: LAURIE SAMUELSO | N | 68 Beds | 525425 Title 18 SNF Title 19 NF |
| ST DOMINIC VILLA | (608) 748-9814 | | Lic. 5006 | VOLUNTARY NONPROFIT |
| 2375 SINSINAWA RD | FAX: (608) 748-9945 | SOUTHERN | SKILLED CARE | CHURCH/CORP |
| HAZEL GREEN, WI 53811 | Administrator: KRIS DOYLE | | 58 Beds | 525660 Title 18 SNF Title 19 NF |
| LANCASTER CARE CENTER | (608) 723-4143 | | Lic. 3077 | LIMITED LIABILITY COMP(FOR- |
| 1350 S MADISON ST | FAX: (608) 723-7278 | SOUTHERN | SKILLED CARE | PROFIT) |
| LANCASTER, WI 53813 | Administrator: LISA TRANEL | | 70 Beds | 525352 Title 18 SNF Title 19 NF |
| ORCHARD MANOR | (608) 723-2113 | | Lic. 3108 | GOVERNMENTAL COUNTY |
| 8800 HWY 61 | FAX: (608) 723-2210 | SOUTHERN | SKILLED CARE | |
| LANCASTER, WI 53813 | Administrator: DONNA HAINES | | 108 Beds | 525290 Title 18 SNF Title 19 NF |
| RIVERDALE HEALTHCARE AND REHABILITATION | (608) 739-3186 | | Lic. 3188 | PROPRIETARY CORPORATION |
| 1000 N WISCONSIN AVE | FAX: (608) 739-3486 | SOUTHERN | SKILLED CARE | |
| MUSCODA, WI 53573 | Administrator: LINDA BOBB | | 58 Beds | 525321 Title 18 SNF Title 19 NF |
| HEARTLAND HEALTH CARE CENTER-PLATTEVILLE | (608) 348-2453 | | Lic. 3174 | PROPRIETARY CORPORATION |
| 1300 N WATER ST | FAX: (608) 348-2944 | SOUTHERN | SKILLED CARE | |
| PLATTEVILLE, WI 53818 | Administrator: SHELLEY SPENSLE | Υ | 99 Beds | 525219 Title 18 SNF Title 19 NF |
| GRAYS NURSING HOME | (608) 349-6741 | | Lic. 2729 | PROPRIETARY CORPORATION |
| 555 N CHESTNUT ST | FAX: (608) 349-6005 | SOUTHERN | SKILLED CARE | |
| PLATTEVILLE, WI 53818 | Administrator: HANNAH REWEY | | 20 Beds | 525530 Title 18 SNF Title 19 NF |
| | | | | |